



# VSU Foundation Check Request Form

Date

## VSU Foundation, Inc.

Address 1500 N. Patterson St. • Valdosta, GA 31698-0213  
Phone 229.333.5939 • Fax 229.259.2558 • Web www.valdosta.edu/adv

REQUESTED BY (PRINT) \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

APPROVED BY PRESIDENT / VP / DIRECTOR OF ATHLETICS \_\_\_\_\_ DATE \_\_\_\_\_

APPROVED BY DEAN \_\_\_\_\_ DATE \_\_\_\_\_

APPROVED BY DEPARTMENT HEAD \_\_\_\_\_ DATE \_\_\_\_\_

FOUNDATION ACCOUNT NUMBER \_\_\_\_\_

FOUNDATION ACCOUNT NAME \_\_\_\_\_

AVAILABLE BALANCE \_\_\_\_\_

Make Check Payable To: TITLE (Select One) Dr. Mr. Mrs. Miss Ms.  
SUFFIX (Select One) Sr. Jr. I II III

Vendor's Name: \_\_\_\_\_ M.I.  
LAST (BUSINESS / ORGANIZATION NAME) FIRST

VENDOR NUMBER \_\_\_\_\_

VENDOR ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

INVOICE # \_\_\_\_\_ CHECK AMOUNT \_\_\_\_\_

Reason / Description:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1099 (Select One) : Yes No FEI or SSN#: \_\_\_\_\_

Return Check to Requester Via Campus Mail Pick-Up at Foundation By: \_\_\_\_\_

Mail Check to Address Provided Pick-Up Phone #: \_\_\_\_\_

**\*\*Please Attach All Original Receipts, Invoices, or Additional Information\*\***

### \*\*FOR FOUNDATION USE ONLY\*\*

Foundation Approval:

	Check #:	Amount:	Clerk:
	Picked-Up By:		Date: